



"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: Paul J. Berlowitz et al.) Before the Examiner
Attorney Docket No. JSS-0014)
Filed:)
For: IMPROVED STABILITY FISCHER-TROPSCH) Group Art Unit
DIESEL FUEL AND A PROCESS FOR ITS)
PRODUCTION)
Batch Number

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

<input checked="" type="checkbox"/> "Express Mail" mailing label number <u>EL028161144US</u> . Date of Deposit <u>November 14, 2000</u>
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.
<div>TERESA L. LACHOWSKI (Type or print name of person mailing paper or fee)</div> <div><i>Teresa L. Lachowski</i> (Signature of person mailing paper or fee)</div>

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$_____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

CLAIMS AS AMENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7)
Total Claims	*	Minus	**		x 18.00	
Indep. Claims	*	Minus	***		x 80.00	
MULTIPLE DEPENDENT CLAIM FEE					\$270.00	
FEE FOR CLAIM CHANGES						

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Communication, including claim changes and any extension of time is calculated to be \$ 0.

☒ Charge \$ 0 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

Date of Signature

November 13, 2000

Attorney or Agent of Record

Post Office Address

(to which correspondence is to be sent):

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Registration No.

☐ Pursuant to 37 CFR 1.34(a)